

EMD

## FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

CJA 23  
(Rev. 5/98)IN UNITED STATES  
IN THE CASE OF☐ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

FILED

FOR

AT

MAY 08 2008

5-8-08

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

LOCATION NUMBER

DOCKET NUMBERS

Magistrate

District Court

108 CR 369  
Court of Appeals

PERSON REPRESENTED (Show your full name)

CHARGE/OFFENSE (describe if applicable & check box →) ☐ Felony ☐ Misdemeanor

- Defendant - Adult  
☐ Defendant - Juvenile  
☐ Appellant  
☐ Probation Violator  
☐ Parole Violator  
☐ Habeas Petitioner  
☐ 2255 Petitioner  
☐ Material Witness  
☐ Other (Specify) \_\_\_\_\_

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

## EMPLOYMENT

Are you now employed? ☐ Yes ☒ No ☐ Am Self Employed

Name and address of employer: \_\_\_\_\_

IF YES, how much do you  
earn per month? \$ \_\_\_\_\_IF NO, give month and year of last employment  
How much did you earn per month? \$ NAIf married is your Spouse employed? ☐ Yes ☒ NoIF YES, how much does your  
Spouse earn per month? \$ \_\_\_\_\_If a minor under age 21, what is your Parents or  
Guardian's approximate monthly income? \$ \_\_\_\_\_

## OTHER INCOME

Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? ☐ Yes ☒ NoIF YES, GIVE THE AMOUNT  
RECEIVED & IDENTIFY \$  
THE SOURCES

RECEIVED

SOURCES

## CASH

Have you any cash on hand or money in savings or checking account ☐ Yes ☒ No IF YES, state total amount \$ \_\_\_\_\_

## PROPERTY

Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ Yes ☒ NoIF YES, GIVE THE VALUE AND \$  
DESCRIBE IT

VALUE

DESCRIPTION

## DEPENDENTS

MARITAL STATUS

- ☐ SINGLE  
☒ MARRIED  
☐ WIDOWED  
☐ SEPARATED OR  
 DIVORCED

Total  
No. of  
Dependents

6

## DEBTS &amp; MONTHLY BILLS

(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)

APARTMENT  
OR HOME:

Credi

Monthly Payt.

\$ 800/mo.

\$

\$

\$

\$

\$

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)

X Felix Templos

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) \_\_\_\_\_